

OSCAR REPORT 3
HISTORY FACILITY PROFILE

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RICHFIELD CARE CENTER PROVIDER #: 465059 FACILITY BEDS TYPE ACTION: RECERTIFICATION
83 EAST 1100 NORTH PHONE NUMBER: (435) 896-8211 TOTAL: 98
RICHFIELD UT 84701 PARTICIPATION DATE: 01/26/1976 CERTIFIED: 98 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/03/2005	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 98
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TOTAL: 79	ADMISSION SUSPENDED: 18	18/19 19 ICF/MR
MEDICARE: 13	SUSPENSION RESCINDED: --	-----
MEDICAID: 53		98
OTHER: 13		

CURRENT SURVEY REVISIT DATES - 04/11/2005

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
08/2001		11/2002		12/2003		02/03/2005			
X	E								REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	B				REQ F0174-ACCESS TO TELEPHONE WITH AUDITORY PRIVACY
				X	B	X C	E	03/31/2005	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	B				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	D	X	B				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	D				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	B				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	E			X	B				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	B						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D	X C	E	03/31/2005	REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
									REQ F0454-FACILITY DESIGNED TO PROTECT HEALTH/SAFETY
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
08/2001	11/2002	12/2003	02/02/2005		
			X C	03/31/2005	K0012-CONSTRUCTION TYPE
X		X	X C	03/31/2005	K0018-CORRIDOR DOORS
	X	X	X C	03/31/2005	K0025-SMOKE PARTITION CONSTRUCTION
			X C	03/31/2005	K0027-DOORS IN SMOKE PARTITIONS
	X		X C	03/31/2005	K0029-HAZARDOUS AREAS - SEPARATION
			X C	03/31/2005	K0038-EXIT ACCESS
			X C	03/31/2005	K0046-EMERGENCY LIGHTING
			X P	03/31/2005	K0051-FIRE ALARM SYSTEM
X	X	X	X F	03/31/2005	K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	03/31/2005	K0066-SMOKING REGULATIONS
X	X		X F		K0104-PENETRATIONS OF SMOKE BARRIERS
X		X			K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	7	2	2
HEALTH TOTAL	2	7	2	2
LIFE SAFETY CODE	11	4	4	4
LIFE SAFETY CODE + HEALTH	13	11	6	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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10/15/2003	UNSUBSTANTIATED
04/28/2004	SUBSTANTIATED
05/18/2005	UNSUBSTANTIATED
08/03/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY